

State of Idaho DIVISION OF PUBLIC WORKS GEOTECHNICAL-TESTING SERVICES REQUEST FOR PAYMENT SUBMIT ONE ORIGINAL				DPW PROJECT NO.	
				CODE	AMOUNT
				SI TC RE	
Name and Location of Project				DATE	
Name and Address of Geotechnical-Testing Consultant					
Request No.		For Period _____ TO _____			
A. GEOTECHNICAL SERVICES					
DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
TOTAL OF BASIC SERVICES COLUMNS					
B. TESTING SERVICES					
DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
A. Soils /Asphalt B. Concrete / Masonry C. Structural Steel D. Other Testing Services E.					
TOTAL OF BASIC SERVICES COLUMNS					
C. REIMBURSABLE EXPENSES					
DESCRIPTION OF ITEM (1)	AMOUNT AUTHORIZED (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
TOTAL OF REIMBURSABLE COLUMNS					
D. TOTAL BASIC AND REIMBURSABLE					

ANALYSIS OF WORK PERFORMED	
Amount of Geotechnical Services completed to date (line A4)	\$
Amount of Testing Services completed to date (line B4)	\$
Amount of Reimbursable Expenses to date (line C4)	\$
Total amount of work performed to date (line D4)	\$
Less: Amount of previous payment (line D5)	\$
BALANCE DUE THIS APPLICATION (line D4 minus line D5)	\$
CERTIFICATION OF GEOTECHNICAL-TESTING CONSULTANT	
I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits.	
Requested by Geotechnical-Testing Consultant	Date
I certify that I have reviewed the above application. To the best of my knowledge, it is in accord with contract requirements and the estimated quantities are correct.	
Recommended by DPW Project Manager	Date
Approved by Senior Project Manager	Date

Original: Fiscal Copies to: Consultant, DPW Contract File, DPW PM